



U.S. Department of Justice

*United States Attorney
Southern District of New York*

*86 Chambers Street, 3rd Floor
New York, New York 10007*

October 4, 2007

NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE OF SUMMONS

To: Agnes Nolan
271 Central Park West, Apt. 12W
New York, New York 10024

The United States has commenced a lawsuit against you. A copy of the complaint is included with this notice. It has been filed in the United States District Court for the Southern District of New York and has been assigned docket number 07 Civ. 8594 (JGK).

This is not a formal summons or notification from the court, but rather plaintiff's request that you sign and return the enclosed waiver of service in order to save the costs of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if this Office receives a signed copy of the waiver within 30 days after the date designated below as the date on which this Notice and Request was sent. I enclose a stamped and addressed envelope for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent.

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, as authorized by those Rules, ask the court to require you to pay the full costs of such service. In that connection, please read the statement concerning the duty of parties to waive the service of the summons, which is enclosed.

I affirm that this request is being sent to you on behalf of the plaintiff, this 4th day of October, 2007.

MICHAEL J. GARCIA
United States Attorney for the
Southern District of New York
Attorney for the Plaintiff
United States of America

By: 

SERRIN TURNER
Assistant United States Attorney
86 Chambers Street, 3rd Floor
New York, NY 10007
Tel. No. (212) 637-2701
Fax No. (212) 637-2686

WAIVER OF SERVICE OF SUMMONS

TO: SERRIN TURNER
Assistant United States Attorney
86 Chambers Street, 3rd Floor
New York, NY 10007
Tel. No. (212) 637-2701
Fax No. (212) 637-2686

I acknowledge receipt of your request that I waive service of a summons in the action of United States of America v. Nolan, which is case number 07 Civ. 8594 (JGK) in the United States District Court for the Southern District of New York. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I be served with judicial process in the manner provided by Rule 4.

I will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me if an answer or motion under Rule 12 is not served upon you within 60 days after October 4, 2007.

Date

Attorney for Agnes F. Nolan

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 20px;">Agnes Nolan</p> <p style="font-size: 1.2em; margin-top: 10px;">271 Central Park West, Apt. 12w</p> <p style="font-size: 1.2em; margin-top: 10px;">New York, NY 10024</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"> <p>A. Received by (Please Print Clearly)</p> <p style="font-size: 1.2em;">Edward Lwelemu</p> </td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"> <p>B. Date of Delivery</p> <p style="font-size: 1.2em;">10 9 7</p> </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p>C. Signature</p> <p style="font-size: 1.2em;">x Edward Lwelemu</p> </td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"> <p style="font-size: 1.2em; text-align: center;">OBT 9 2007</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> </td> </tr> </table> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>A. Received by (Please Print Clearly)</p> <p style="font-size: 1.2em;">Edward Lwelemu</p>	<p>B. Date of Delivery</p> <p style="font-size: 1.2em;">10 9 7</p>	<p>C. Signature</p> <p style="font-size: 1.2em;">x Edward Lwelemu</p>	<p style="font-size: 1.2em; text-align: center;">OBT 9 2007</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
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<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.												

2. Article Number (Copy from service label)

7003 2260 0000 4027 3013

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <u>Agnes Nolan</u> Street, Apt. No., or PO Box No. <u>271 Central Park West, Apt. 12W</u> City, State, ZIP+4 <u>New York, NY 10024</u>	
PS Form 3800, June 2002 See Reverse for Instructions	